PART B - FEE(S) TRANSMITTAL

Complete and send this form, together witn applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correcte maintenance fee notificat	d below or directed oth	herwise in Block 1, by (rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	•	nave 10							
William S. Frommer Lawrer 745 Fifth Avenue	nce & Haug			I hereb States address transm	Cert by certify that this Postal Service wo sed to the Mail itted to the USPT	ificate of s Fee(s) T ith suffici Stop ISS O (571) 2	Mailing or Transn Fransmittal is being ient postage for firs SUE FEE address 273-2885, on the da	nission deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.	
New York, NY 1		Maria Lapitan ,			(Depositor's name)				
				Wygritan			(Signature)		
					\mathcal{L}	HOLK	St 12, 50	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTORN	EY DOCKET NO.	CONFIRMATION NO.	
10/592,920	10/592,920 09/15/2006		Yoshito Iwasawa			450100-05495		8508	
TITLE OF INVENTION:	ZOOM LENS AND IM	AGE PICK-UP APPAR	ATUS USING ZOOM	1 LENS	3				
<u></u>		·	·						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE P	REV. PAID ISSUE	FEE 1	FOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1510	\$300		\$0		\$1810	08/13/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
SCHWARTZ, JORDAN MARC		2873	359-676000	359-676000					
1. Change of corresponde CFR 1.363).	nce address or indication	n of "Fee Address" (37	2. For printing on t	•			FROMMER LA		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member s. 2 WILLIAM S. FROMMER						
Address form P10/8B/122) attracted. "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single that (having as a hierarch a						
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent listed, no name wil	t attorneys or agents. If no name is 3^{-11}			s 3 THOMAS	F. PRESSON	
3. ASSIGNEE NAME AN			-				•		
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Comp	ified below, no assigned pletion of this form is NO	data will appear on the T a substitute for filing	he pater g an ass	nt. If an assigne signment.	e is iden	tified below, the do	cument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							•		
SONY CORPORATION TOKYO, JAPAN									
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	☐ In	adividual XX Cor	rporation	or other private gro	up entity Government	
4a. The following fee(s) a	re submitted:	41	b. Payment of Fee(s): (Please	first reapply any	y previou	ısly paid issue fee s	hown above)	
☑ A check is enclosed.									
Publication Fee (No Advance Order - #	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0320 (enclose an extra copy of this form).								
Advance Order - #	of Copies 3		overpayment, to I	Deposit	Account Number	50-0	320 (enclose ar	extra copy of this form).	
5. Change in Entity Stat			☐ b. Applicant is no	lonoum	alaimina CMAT	I ENITIT	V atabus Cos 27 CE	ED 1.27(~)(2)	
• •	SMALL ENTITY state Publication Fee (if require)							e assignee or other party in	
interest as shown by the re	ecords of the United Sta	ites Patent and Trademark	Office.			\			
Authorized Signature	Willian	/ fromm	<u>~</u>		Date	Wzu	st 10,	2010	
Typed or printed name	•								
This collection of informa an application. Confident submitting the completed	ntion is required by 37 C iality is governed by 35 application form to the	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain 1.14. This collection in depending upon the i	or reta s estim individu	ain a benefit by the ated to take 12 mual case. Any cor	e public vinutes to mments o	which is to file (and complete, including in the amount of tin	by the USPTO to process) g gathering, preparing, and ne you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.